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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

PATENT Total Pages _____

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: EDOUARD KOULIK
TITLE: ECHOGENIC DEVICES AND METHODS OF MAKING AND USING SUCH DEVICES

Assistant Commissioner for Patents **BOX PATENT APPLICATION** Commissioner of Patents and Trademarks Washington, D.C. 20231 We are transmitting herewith the attached: X **Patent Application Transmittal** X Specification: Total pages: 24 (including claims and abstract): Spec. 19 sheets; Claims 4 sheets; Abstract -1 sheet. **Drawings:** Total sheets: ☐ formal ☐ informal **Combined Declaration and Power of Attorney:** newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Accompanying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet of prior application Information Disclosure Statement PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: ☐ Divisional ☐ Continuation-in-part (CIP) Continuation of prior application No. Amend the specification by inserting before the first line the sentence: This application is a X continuation ____filed division continuation in part of application number ___ of the prior application before calculating the filing fee. Cancel in this application original claims __ (At least the original independent claim must be retained for filing purposes.) The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: Medtronic, Inc.



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This application claims the benefit of U.S. Provisional Application(s) Serial No.(s)_____, filed_ Thomas F. Woods, Reg. No 36,726 X Address all future correspondence to: Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Telephone: (763) 514-3652 +31 43 356 6845

| FEE CALCULATION | No. of Claims Filed | Claims Included in Base Fee | No. of Extra Claims | Rate | Fee |
|------------------------------|------------------------|--------------------------------|---------------------------|-------|---------|
| Total Claims | 18 | 20 = | | x 18 | |
| Independent Claims | 09 | 03 = | 06 | x 80 | \$ 480 |
| Multiple Dependent Claims | | | | + 260 | |
| Basic Filing Fee | | | | | \$ 710 |
| | | | | TOTAL | \$ 1190 |

Charge Deposit Account No. 13-2546 the sum of \$710.00 (Filing Fee) and \$480.00 (extra claims) for a total of \$1190.00. X

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

-6-01

Date

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